



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5439

Bib Data Sheet

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/808,316 | FILING OR 371(c) DATE 03/25/2004 RULE | CLASS 056 | GROUP ART UNIT 3671 | ATTORNEY DOCKET NO. 80070-4502 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS
 Francois R. Talbot, Winnipeg, CANADA;

**** CONTINUING DATA *******
 This appln claims benefit of 60/466,781 05/01/2003
mp 12/8/04

**** FOREIGN APPLICATIONS *******
mp 12/8/07 nml

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/05/2004**

| | | | | |
|---|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CANADA | SHEETS DRAWING 4 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mp</i> | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS
 AIR MAIL
 Mr. Adrian D. Battison
 Ade & Company
 1700-360 Main Street
 Winnipeg, MB R3C 3Z3
 CANADA

TITLE
 SICKLE KNIFE WITH DOUBLE OVERLAPPING OUT OF PHASE SICKLES

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|